


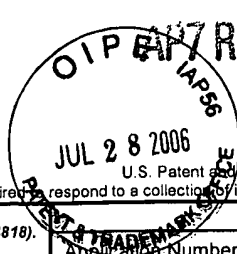
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>4614-0169PUS1 |             |
| <b>Application Number</b> 10/531,327  |            | <b>Filed</b> April 14, 2005                      |             |
| For <b>STENT ASSEMBLY</b>   |            |  |             |
| <b>Art Unit</b> N/A   |            | <b>Examiner</b> Not Yet Assigned                 |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                          |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60   | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225  | \$          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510  | \$          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795  | \$          |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080   | \$ 2,160.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.                     |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |             |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>32,334</u>   |            |  |             |
| <br>Signature  |            | <u>July 28, 2006</u><br>Date                     |             |
| <u>Joe McKinney Muncy</u><br>Typed or printed name  |            | <u>(703) 205-8026</u><br>Telephone Number        |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |             |

08/01/2006 GFREY1 00000100 10531327

01 FC:1255

2160.00 0P



Rec'd PCT/PTO 28 JUL 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**  
**For FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

|                                |                      |                            |               |
|--------------------------------|----------------------|----------------------------|---------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> 2,160.00 | <b>Attorney Docket No.</b> | 4614-0169PUS1 |
|--------------------------------|----------------------|----------------------------|---------------|

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/531,327       |
| Filing Date          | April 14, 2005   |
| First Named Inventor | Erik ANDERSEN    |
| Examiner Name        | Not Yet Assigned |
| Art Unit             | N/A              |

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues)            | 50                    | 25       |
| Each independent claim over 3 (including Reissues) | 200                   | 100      |
| Multiple dependent claims                          | 360                   | 180      |

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    **Fee (\$)**    **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof              | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____        | _____        | _____ / 50 _____ (round up to a whole number) x _____ = _____ |          |               |

**4. OTHER FEE(S)**

|   |          |
|---|----------|
| Non-English Specification, \$130 fee (no small entity discount)                     |          |
| Other (e.g., late filing surcharge): 1255 Extension for response within fifth month | 2,160.00 |

**SUBMITTED BY**

|                   |                    |                                   |               |           |                |
|-------------------|--------------------|-----------------------------------|---------------|-----------|----------------|
| Signature         |                    | Registration No. (Attorney/Agent) | 32,334        | Telephone | (703) 205-8026 |
| Name (Print/Type) | Joe McKinney Muncy | Date                              | July 28, 2006 |           |                |